## **City of Taylorsville**

Community Development Department 2600 West Taylorsville Boulevard Taylorsville, Utah 84118 Phone: (801) 963-5400 Fax: (801) 955-2052



## SUBDIVISION APPLICATION

PLEASE COMPLETE BOTH SIDES OF APPLICATION

Type of Subdivision Appli	ication:		
☐ Regular Subdivision	☐ Simple Subdivision	☐ Plat Amendment	Office Use Only
Type of Review:			FILING #:
☐ Conceptual Review	☐ Preliminary Review	☐ Final Review	
Subject Property Address:			ENERGOV #:
Parcel Area:	_Current Use:		FILING FEE:
Parcel Identification (or Sidwell) Number:			DATE ACCEPTED:
Applicant Name:			ACCEPTED BY:
Mailing Address:			ACCEPTED BY:
City, State, Zip:			RECEIPT NUMBER:
Daytime Phone #:	Fax #: _		ZONING CLASSIFICATION:
E-mail:			MEETING DATE(S):
Business Name (if applicab	le):		
Property Owner's Name (if	different):		
Property Owner's Address:			Application Approved: ☐ yes ☐ no Conditions: ☐ yes ☐ no
City, State, Zip:			☐ Mayor
Daytime Phone #:	Fax #: _		
Describe your request in de	etail (use additional pape	r if necessary):	
Authorized Signature:		Date	ə:

## permit, excavation permit, etc.). Please contact a member of the Taylorsville Planning Department regarding additional required permits or agency approvals.

Note: Obtaining approval of a subdivision application does not eliminate the necessity for obtaining other applicable approvals or permits (i.e. building

## FOR YOUR INFORMATION...

For more information regarding subdivision application requirements, please refer to **Taylorsville Information Form P-10 Applying For A Simple Subdivision** or **Taylorsville Information Form P-11 Applying For A Simple Subdivision** available from the Community Development Department at Taylorsville City Hall or online at **www.taylorsvilleut.gov**.

Property Owi	ner's Affidavit	
I (we)	, being first duly sworn, depose and say that I (we) am	
(are) the current owner of the property involved in this	s application: that I (we) have read the application and its contents; and that said contents are in all respects	
Owner's Signature	Owner's Signature (co-owner if any)	
Subscribed and sworn to before me this	day of	
	Notary Public Residing in	
	My commission expires:	
I (we),	horization , the owner(s) of the real property located at ,in the City of Taylorsville, Utah, do hereby appoint	
this application affecting the above	as my (our) agent to represent me (us) with regard to described real property, and authorize to appear on my (our) behalf before any City Board or	
Commission considering this application.	to appear on my (our, some colors and only colors or	
Owner's Signature	Owner's Signature (co-owner if any)	
On the day of  duly acknowledged to me that they executed the same.	the signer(s) of the above Agent Authorization who	
duly acknowledged to me that they executed the same.	Notary Public Residing in	
	My commission expires:	